

05/02/2014 05:27 605-946-5478

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South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Nurse Aide

Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions
Address: 1000 West 4th Street, Suite 9
Yankton, SD 57078
Phone Number: 605-668-8475 Fax Number: 605-668-8483
E-mail Addresses of Primary Coordinator and/or Instructor: gmaag@avera.org

*Corsica
Good Samaritan
Center
CORSICA, SD*

- ☒ **Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
☐ Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<i>Gwen Haag</i>	<i>SD</i>	<i>R03247</i>	<i>05/29/16</i>	

- ☒ **Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)
☐ Attach curriculum vita, resume, or work history,
☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<i>Gwen Haag</i>	<i>SD</i>	<i>R03247</i>	<i>05/29/16</i>	

- ☒ **Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
☐ Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<i>Reyn Mace</i>	<i>SD</i>	<i>R038267</i>	<i>8/16</i>	<i>8/2/16</i>

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Program Coordinator Signature: *Gwen Haag* Date: *06/02/14*

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <i>8/25/14</i>	Date Application Denied:
Date Approved: <i>8/21/14</i>	Reason for Denial:
Expiration Date of Approval: <i>Apr 1 2015</i>	
Board Representative: <i>[Signature]</i>	
Date Notice Sent to Institution: <i>[Signature]</i>	

October 20, 2011

8/25/14